MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-003876
STATE FILE NUMBER

AMENDED ✓

FILED VS FEB 14 1961

Registration District No. 3017 Primary Registration District No. 500 Registrar's No. 269

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clayton
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: DOA-St.LouisCountyHosp
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St.Louis
c. CITY OR TOWN: Webster Groves
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 539 W. Glendale Rd.
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First / Middle / Last: RITA JOAN ARMSTRONG
4. DATE OF DEATH Month / Day / Year: Jan.25,1961
5. SEX: F
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2/27/1932
9. AGE (last birthday): 29
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse
10b. KIND OF BUSINESS OR INDUSTRY: Medical
11. BIRTHPLACE (City and state or country): St.Charles,Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: William H. Chapman
13b. MOTHER'S MAIDEN NAME: Frances Louise Osthoff
14. NAME OF HUSBAND OR WIFE: Charles Ray Armstrong
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT / Address: Charles R.Armstrong,539 W.Glendale

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Multiple injuries, shock and hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☒
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Passenger in car involved in two car collision
20c. TIME OF INJURY Hour: 6:59 p.m. Month, Day, Year: 1/25/61
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): highway
20f. CITY, TOWN, OR LOCATION: Bridgeton COUNTY: St. Louis STATE: Missouri

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Raymond Hand Coroner
22b. ADDRESS: Clayton, Mo.
22c. DATE SIGNED: 2/3/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1/28/1961
23c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery
23d. LOCATION (City, town, or county) (State): Kirkwood,Mo.

24. FUNERAL DIRECTOR / ADDRESS: Parker-Aldrich,Webster Groves,Mo.
25. DATE RECD. BY LOCAL REG.: 1-27-61
26. REGISTRAR'S SIGNATURE: John B. Murphy

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Leslie Walch

Licensed Embalmer No. 4395

P. O. Address Webster Groves

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.